

# AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE:    ☐ IXC            ☒ CLEC            ☐ ILEC            ☒ Wireless

## CERTIFICATED COMPANY INFORMATION

Midwestern Telecommunications, Incorporated	
Company Name	FEIN/SSN
M.T.I	708-679-5050
Dbaf/ka	Telephone #
15426 S 70 <sup>th</sup> Ct	
Mailing Address	
Orland Park, IL 60462	
City, State, Zip Code	
15426 S 70 <sup>th</sup> Ct	
Business Location	
Orland Park, IL 60462	Cook
City, State, Zip Code	County

## REGISTERED AGENT INFORMATION

Registered Agent:	National Registered Agents, Inc
Mailing Address:	#2 Office Park Ct Suite 103
City, State, Zip Code:	Columbia, SC 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.	Arlee Holt		
	<b>General Manager</b> (Include address if different than above.)		
	708-679-5060	/ 708-756-7731	/ ah@mymti.com
	Telephone Number	Facsimile Number	E-mail Address
B.	Bernadette Reed		
	<b>Customer Relations /Complaints Representative</b> (Include address if different than above.)		
	708-679-5053	/ 7087567721	/ breed@mymti.com
	Telephone Number	Facsimile Number	E-mail Address
C1.	Arlee Holt		
	<b>Customer Relations/Complaints Representative for Escalated Complaints</b> (Include address if different than above.)		
	708-679-5060	/ 7087567721	/ ah@mymti.com
	Telephone Number	Facsimile Number	E-mail Address
C2.	888-666-2235		
	<b>Customer Contact (Toll Free Number)</b>		
D.	Jerry Holt		
	<b>Engineering Operations</b> (Include address if different than above.)		
		/	/
	Telephone Number	Facsimile Number	E-mail Address
E.	Jerry Holt		
	<b>Test and Repair</b> (Include address if different than above.)		
		/	/

REC

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CLERK'S OFFICE

Telephone Number                      Facsimile Number                      E-mail Address

F.                      Jerry Holt  
**Emergencies** (During non-office hours)  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number                      Facsimile Number                      E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.                      Jerry Holt  
**Regulatory Officer** (Include address if different than above.)  
\_\_\_\_\_  
708-679-5050                      /                      708-756-7731                      /                      jh@mymti.com  
Telephone Number                      Facsimile Number                      E-mail Address

H.                      Jerry Holt  
**Dual Party Mailings** (Name)  
\_\_\_\_\_  
15426 S 70<sup>th</sup> Ct    Orland Park, IL 60462  
Mailing Address  
708-679-5050                      /                      708-756-7731                      /                      jh@mymti.com  
Telephone Number                      Facsimile Number                      E-mail Address

I.                      Jerry Holt  
**Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
Same as above  
Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number                      Facsimile Number                      E-mail Address

J.                      Jerry Holt  
**Universal Service Fund Mailings** (Name)  
\_\_\_\_\_  
Same as above  
Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number                      Facsimile Number                      E-mail Address

K.                      \_\_\_\_\_  
**Gross Receipts Mailings** (Name)  
\_\_\_\_\_  
Arlee Holt  
Mailing Address  
15426 S. 70<sup>th</sup> Ct , Orland Park, IL 60462 /                      708-756-7731                      /                      ah@mymti.com  
Telephone Number                      Facsimile Number                      E-mail Address

L.                      ArleeHolt  
**Lifeline Mailings** (Name)  
\_\_\_\_\_  
Same as above  
Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number                      Facsimile Number                      E-mail Address

\_\_\_\_\_  
Patricia Thomas  
This form was completed by (print name)                      Signature  
\_\_\_\_\_  
Billing Manager                      2/10/2011  
Title                      Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Clerk's Office**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 11/2010)